



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 4736

<b>SERIAL NUMBER</b> 09/710,227	<b>FILING DATE</b> 11/10/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2654	<b>ATTORNEY DOCKET NO.</b> 16790-6411	
<b>APPLICANTS</b> Ewing B. Gourley, Springfield, MO; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/12/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 21888 <i>CFR, update 1HF-02</i>					
<b>TITLE</b> Method and apparatus for processing pharmaceutical orders to determine whether a buyer of pharmaceuticals qualifies for an "own use" discount					
<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



## UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>SERIAL NUMBER</b> 09/710,227	<b>FILING DATE</b> 11/10/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 16790-6411	
<b>APPLICANTS</b> Ewing B. Gourley, Springfield, MO ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/12/2001</b> <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> R Haferkamp Howell & Haferkamp L C 7733 Forsyth Boulevard Suite 1400 St. Louis ,MO 63105					
<b>TITLE</b> Method and apparatus for processing pharmaceutical orders to determine whether a buyer of pharmaceuticals qualifies for an "own use" discount					
<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		